

APPENDIX C TO PART 45—DD FORM 215

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES		ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID	
1. NAME (Last, first, middle)		2. DEPARTMENT, COMPONENT AND BRANCH	
4. MAILING ADDRESS (Include ZIP Code)		3. SOCIAL SECURITY NO. (Also, Service Number if applicable)	
5. ORIGINAL DD FORM 214 IS CORRECTED AS INDICATED BELOW			
ITEM NO.	CORRECTED TO READ		
SEPARATION DATE ON DD FORM 214 BEING CORRECTED - _____			
6. DATE	7. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN		
DD Form 215, JUL 79		CORRECTION TO DD FORM 214, CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY	
109/050		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE	
		MEMBER - 1	